## MULTIPLE DEPENDENT CLAIM FEE CALCYAN ATION SHEET (FOR USE \ H FORM PTO-875)

SERIAL NO.

10/542110

APPLICANTICS,

FILING DATE

**CLAIMS** 

	AS FILED		AFTER		AFTER 2 MAMENDMENT				AS FILED		AFTER		AFTER 2 AMENDMENT	
·	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
$-\frac{1}{2}$								51					2.12.	DEI.
3								52			. '			<b></b>
4					i			53						
5		<del>                                     </del>						<u>54</u> 55						
6	1	<del> / </del>						56						
7		ì						57		·				<del> </del>
8								58						<del> </del>
9								59						<del> </del>
10								60						
11								61						
12 13		<b></b>						62						
14								63						
15	<del></del>	<del>                                     </del>						64 65			ļ			
16								66			<b> </b>			<b></b>
17								67			<del>  </del>			<del> </del>
18								68				:		
19								69			<del> </del>			<del> </del>
20								70						<del></del>
21								71						
22								72						
23 24								73						
25								74 75						
26								76						
27								77						
28								78				<u> </u>		
29								79						<u> </u>
30								80						
31								81						
32 33								82						
34							•	83 84						
35					·			85						· · · · ·
36								86						
37								87						<b> </b>
38								88						
39								89						
40								90						
41.					ļ			91						ļ
42								92						<u> </u>
44								93		<del></del> -				<b>——</b>
45								95		<u>_</u>				-
46								96						
47								97						
48								98						
49					·			99						<u></u>
50								100						
TOTAL IND.	2	4		#		#		TOTAL IND.		#		₩.		1
TOTAL DEP	9	4		4=		<b>4=</b>		TOTAL DEP		<u>+</u>		<b>*</b>		40
TOTAL CLAIMS	( )							TOTAL CLAIMS						
	(REV. 11/04						'				FMENT of CO			